

Lamotrigine-associated rash



What the fact sheet covers:

- What is lamotrigine?
- Rashes associated with lamotrigine and their characteristics

What is lamotrigine?

Lamotrigine (Lamictal) is increasingly being recognised as an effective mood stabiliser for many people with a bipolar disorder and in particular for bipolar II disorder. It has relatively few side-effects. However, it has the potential to cause rashes, some of which can be very dangerous and even, life-threatening though this is rare. This fact sheet seeks to inform patients about this potentially serious side-effect.

The key message

Patients who are taking lamotrigine should stop taking the drug at the first sign of a rash, regardless of its type or severity, and contact their doctor or psychiatrist immediately. The appearance of a rash occurring between five days and eight weeks of taking lamotrigine may have serious consequences. Some fever or flu-like symptoms may be present before or at the

same time as the rash. A rash that occurs in the first five days of taking lamotrigine is probably non-drug related but regardless, the patient should stop taking the drug and contact their doctor or psychiatrist as it may still represent a lamotrigine (hypersensitivity-type) reaction with potential internal organ involvement.

Rashes associated with lamotrigine and their characteristics

A rash that occurs between five days and eight weeks of taking lamotrigine is probably lamotrigine related. The patient should stop taking it and contact their doctor or psychiatrist immediately. The treating physician will require certain pathology tests (blood tests) on their patients to fully review the situation.

There is currently no known cure for bipolar disorder. However, with proper treatment bipolar disorder can be effectively controlled.





1. The more common, less serious

- A rash is most likely to be less serious if it has the following characteristics:
- Fine red spots that do not merge together, are not tender to the touch, but may be itchy
- No accompanying fever or flu-like symptoms either before or at the same time as the rash
- Peaks within days and settles in 10–14 days.

2. The rare but more serious rash potentially with a severe, life-threatening reaction:

A rash is most likely to be serious if it has the following characteristics:

- Is accompanied by fever, flu-like symptoms or lack of appetite
- Involves the lining membranes of the eyes, lips, mouth, nostrils, genital or anal areas
- Is prominent on the neck and upper trunk
- Merging, widespread red swollen rashes (wheals or hives) sometimes with round red target-like spots
- Purplish, small spots or larger areas of skin discoloration that, when pressed with the finger, do not go white as other rashes do, and are tender to the touch

- Skin swelling and redness all over the body, with or without widespread shedding of the skin (sometimes in large sheets).

Should lamotrigine be recommenced at a different dose?

It is recommended that people should stop taking lamotrigine at the first sign of a rash. This ensures that the drug is discontinued in instances of serious rash, but it may lead to unnecessary discontinuation of a valuable treatment for bipolar sufferers in cases of non-serious rash.

Given the usefulness of the drug as a mood stabiliser, recommencing lamotrigine may be cautiously considered. A doctor or psychiatrist needs to assess the risks and benefits for the individual patient, as well as to carefully evaluate the characteristics of the rash to establish whether it is benign (safe) or not. If benign, careful reintroduction of lamotrigine can be considered after a six months interval with a lower starting dose (5–12.5 mg/day) that is increased more slowly than currently recommended in the prescribing guidelines. Close monitoring of the patient must continue and lamotrigine stopped if the rash worsens or other symptoms appear.



Key points to remember

- Patients should stop taking lamotrigine **immediately** and medical advice should be sought from GP/psychiatrist as soon as possible if rash is developed.
- Some fever or flu-like symptoms may be present before or at the same time as the rash.
- Follow up requires a review by the treating doctor to evaluate the rash and its characteristics and assessment of appropriate management. Pathology tests (blood tests) may be required.
- If the rash has been assessed as being benign and the risks and benefits of lamotrigine treatment have been fully evaluated, the treating doctor may consider the possibility of trialling a recommencement of the drug after a period of time; lamotrigine should be started at a lower dosage with ongoing close monitoring by the treating doctor or psychiatrist.

Where to get more information

The material in this fact sheet was extracted with kind permission from the following article: Boris Lorberg, Nagy A. Youssef and Subin Bhagwagar (2009). 'Lamotrigine-associated rash: to rechallenge or not to rechallenge?' *International Journal of Neuropsychopharmacology*;12:257-265.



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